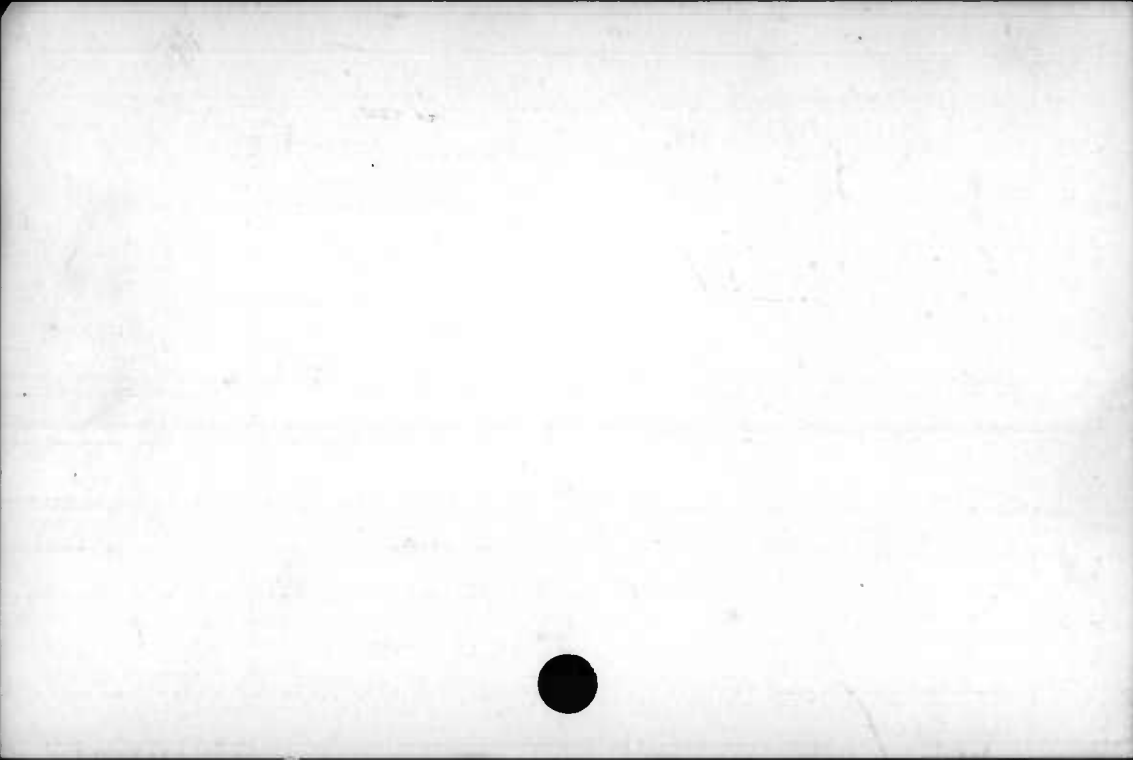


Name in Full <b>Anna L. Albough</b>		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <b>Westminster</b> <small>Town</small>	<b>Carroll</b> <small>County</small>	<b>MARYLAND</b>
	Date of death 190 <b>3</b> <small>Month</small> <b>Aug.</b> <small>Day</small> <b>3rd</b>	Age <b>64</b> <small>Years</small>	<b>8</b> <small>Months</small> <b>10</b> <small>Days</small>
	Sex <b>Female</b>	Color or Race <b>white</b>	Birth-place <b>Pennsylvania</b>
	Married, Single or Widowed <b>Widow</b>	Occupation _____	
	Name of <del>Wife or</del> Husband <b>Henry B. Albough</b>		
	Father's Name <b>Jeremiah Brobeck</b>	Father's Birthplace <b>Pa</b>	
	Mother's Maiden Name <b>Eliza Slagle</b>	Mother's Birthplace <b>Maryland</b>	
Name of person giving information <b>Florence Vandenberg</b>	How related to deceased <b>Daughter</b>		
CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary <b>Carcinoma Caecum</b>	How long <b>about year</b>	
	Immediate <b>Lithaemia</b>	How long <b>6 Weeks</b>	
	Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <b>Wm. D. Wells</b>	
	<b>4</b>	Address <b>Westminster</b>	
	Accident or Suicide?		



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDName *Kate Alexander*Died at *Springfield Hospital* *Carroll* County

Date of death 1903 Aug 19 Ago 46

Sex *Female* Color or Race *White* Birth-place *Germany*Married, Single or Widowed *Married* Occupation *Domestic*Name of Wife or Husband *Not known*Father's Name *Unknown* Father's Birthplace *Unknown*Mother's Maiden Name *Unknown* Mother's Birthplace *Germany*Name of person giving information *Dr. Peter Bayne* How related to deceased

## CAUSES OF DEATH

Primary *alcoholic Drunkenness* 56 How long *8 years*Immediate *Strangulated Hernia* How long *9 hours*

Are the name, age, sex, color, date and place correctly given above?

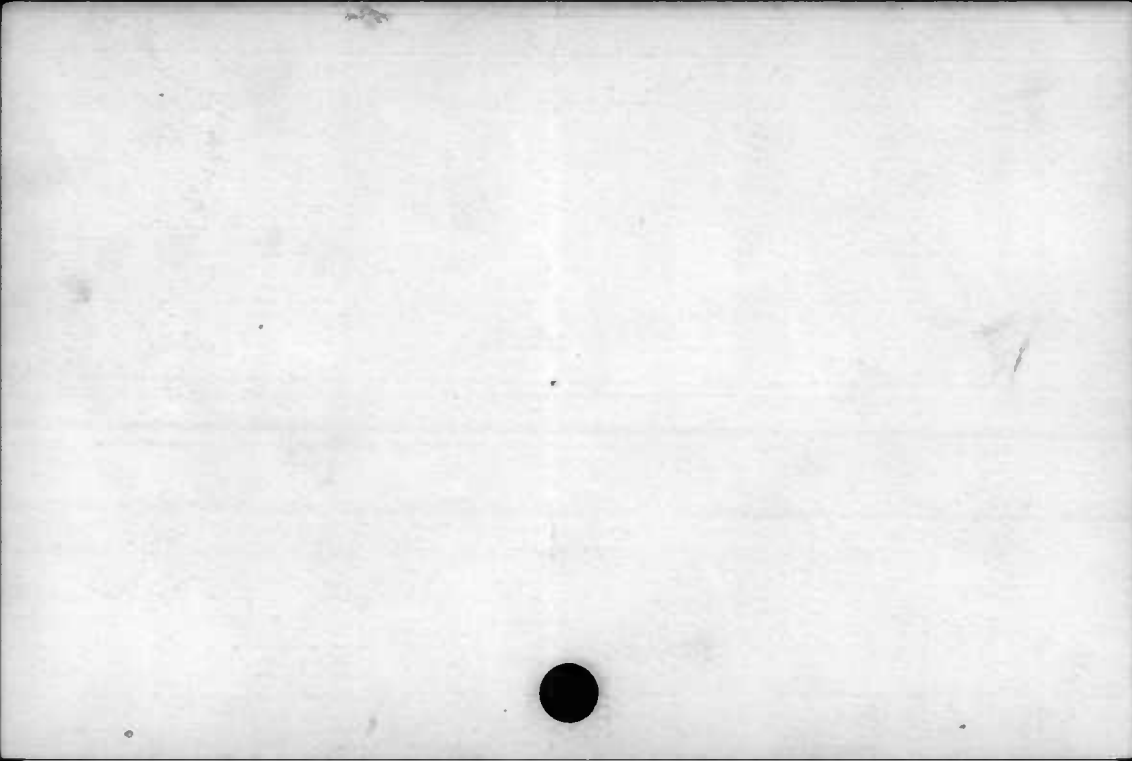
Signature of Physician

Address

*J. C. Clark*  
*Sikesville**Md.*

Accident or Suicide?

PHYSICIAN  
OR CORONER



Name

in Full

TO BE ANSWERED BY  
NEAREST FRIEND

396 Richard Arnold

## CERTIFICATE OF DEATH

Died at <u>Sandywell</u> <small>Town</small>		<u>Carroll</u> <small>County</small>		MARYLAND	
Date of death 190 <u>3</u> <small>Month</small>	<u>Aug</u> <small>Day</small>	<u>17</u> <small>Age</small>	<u>42</u> <small>Years</small>	<u>6</u> <small>Months</small>	<u>8</u> <small>Days</small>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Maryland</u>			
Married, Single or Widowed <u>Married</u>	Occupation <u>Laborer</u>				
Name of Wife or <del>Husband</del> <u>R B Janner</u>					
Father's Name <u>Calib Arnold</u>			Father's Birthplace <u>Maryland</u>		
Mother's Maiden Name <u>Not Known</u>			Mother's Birthplace <u>Ido</u>		
Name of person giving information <u>Wm Janner</u>			How related to deceased <u>Father's Sister</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Tuberculosis</u>	How long <u>6 months</u>
Immediate <u>"</u>	How long <u>"</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Jas. J. He...</u>
	Address <u>North...</u>
Accident or Suicide? <u></u>	

*Scutellaria*

Name  
in  
Full

293

James Shullman Bitzel

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

January

Town

County

Carroll

MARYLAND

Date

of death 1903

Month

Aug

Day

20

Age

Years

Months

6

Days

7

Sex

Male

Color or  
Race

White

Birth-  
place

Maryland

Married, Single  
or Widowed

Occupation

Name of Wife or  
HusbandFather's  
Name

Philip Bitzel

Father's  
Birthplace

Maryland

Mother's  
Maiden Name

Barbara Rauter

Mother's  
BirthplaceName of person giving  
In formation

Philip Bitzel

How related  
to deceased

Father

## CAUSES OF DEATH

Primary

Meningitis

61

How long

4 days

Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

T. J. Coonan M.D.

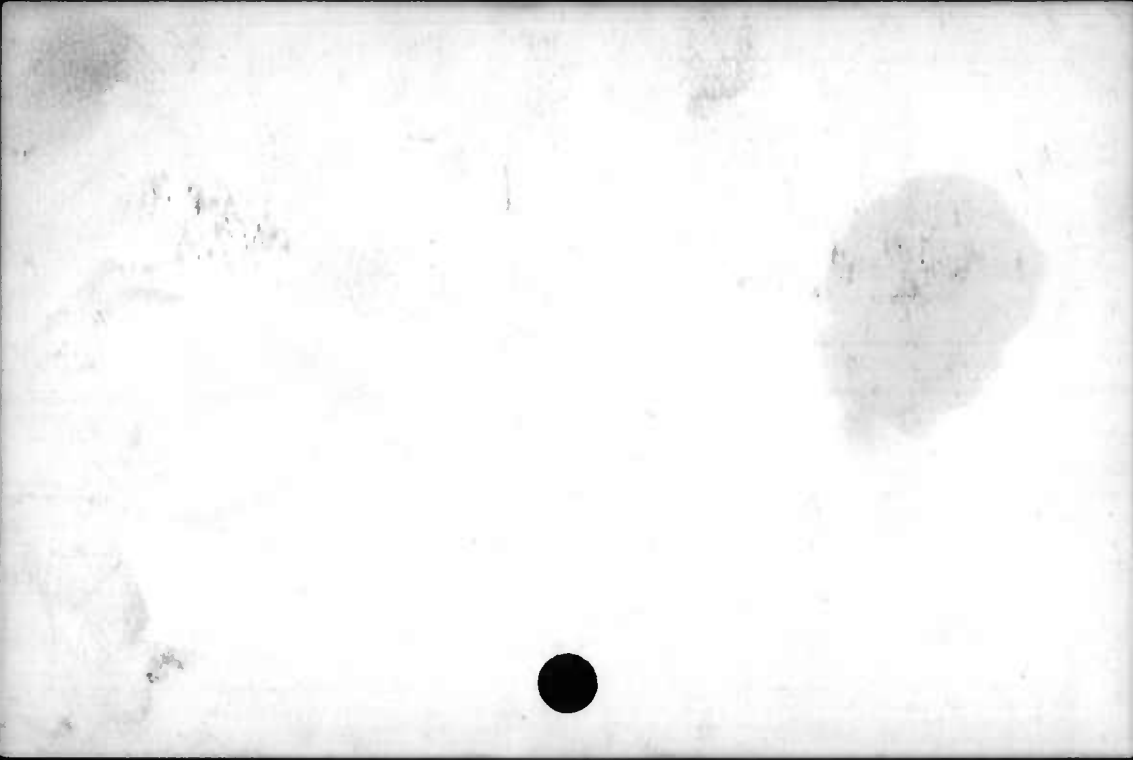
Accident or Suicide?

PHYSICIAN  
OR CORONER

Grinnall Lutheran church near Tannery



Name in Full		Eliza Jane Bowen		Certificate of Death	
Died at		Town Westminster	County Carroll		MARYLAND
Date of death		1903	Month Aug.	Day 31	Age 55
Sex Female		Color or Race Colored	Birth- place Westminster		Months 7
Occupation House wife		Where Residing if not at place of death Home		Days 9	
Married, Single or Widowed Married		Name of Wife or Husband Samuel Bowen			
Father's Name Alexander Sanders		Father's Birthplace —			
Mother's Maiden Name Elizabeth Louery		Mother's Birthplace —			
Name of person giving Information Joseph Wilcox		How related to deceased None			
CAUSES OF DEATH					
Primary Cardiac asthma - Nephritis		How long 6 mos.			
Immediate Coma, exhaustion		How long 18 hours			
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician Chas R Foub			
Yes		Address Westminster			
Accident or Suicide?		—			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

405 *Emaline Buckingham*

Died at *East View* Town *Carroll* County

State *MARYLAND*

Date of death 1903 *Aug* Month *30* Day Age *64* Years Months *5*

Sex *Female* Color or Race *White* Birth-place *Maryland*

Married, Single or Widowed *Widow* Occupation

Name of ~~Wife or~~ Husband *Ely J. Buckingham*

Father's Name *Burgess N. Nelson* Father's Birthplace *Maryland*

Mother's Maiden Name *Maranda Pinner* Mother's Birthplace *Ido*

Name of person giving information *Fannie Hockdale* How related to deceased *Daughter*

## CAUSES OF DEATH

Primary *Cancer of Bowel* How long *6 Months*

Immediate *"* How long *"*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Geo. J. Henry M.D.*

Address *Ward*

Accident or Suicide?

deer Park

Name  
in  
Full

Roland S Caphle

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Eastview

Town

County

Carroll

MARYLAND

Date

of death 190

3

Month

Aug

Day

4<sup>th</sup>

Age

Years

Months

4

Days

6

Sex

Male

Color or  
Race

White

Birth-  
place

Maryland

Married, Single  
or Widowed

Occupation

Name of Wife or  
HusbandFather's  
Name

Charles C Caphle

Father's  
Birthplace

Maryland

Mother's  
Maiden Name

Catharine Shipley

Mother's  
Birthplace

Id

Name of person giving  
In formation

C C Caphle

How related  
to deceased

Father

## CAUSES OF DEATH

Primary

Meningitis

61

How long

8 days

Immediate

How long

—

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

J. J. Leonard M.D.

Address

Westminster  
Md.

Accident or Suicide?

—

Sandwich

Name In Full

Certificate of Death

Merle N Conover

Town

County

Died at

near stoneytown

Carroll

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19 03.

aug-20

Age

1-5-4

md

Infant

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Edgar Conover

Mother's

addie conover

Maiden Name

addie Hawk

Cause of

Primary

Enteric Colitis

How long sick

23 days

Death

Immediate

Accident, Suicide, Homicide

Reported by

C. H. P. M. H.

Address

Stoneytown

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name in Full		Eliza A. Cooper				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Westminster	County Carroll		MARYLAND	
	Date of death 190 3		Month Aug	Day 24.	Years Age 56 -	Months 3 -	Days 4
	Sex Female		Color or Race Colored		Birth-place Frederick		
	Married, Single or Widowed Married		Occupation Laborer				
	Name of Wife or Husband Alfred Cooper						
	Father's Name John Cole				Father's Birthplace —		
	Mother's Maiden Name Eliza Cole				Mother's Birthplace Balto.		
Name of person giving information		Julia Thompson			How related to deceased Daughter		
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary Chronic Diarrhoea				How long 2 or 3 mos		
	Immediate Exhaustion				How long 24 hours		
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		
	yes				Chas. R. Fitch M.D.		
					Address Westminster, Md.		
Accident or Suicide?				Md.			

Sain's Creek Camp  
Stones

---

Name  
in  
Full

## CERTIFICATE OF DEATH

Died at

Westminster

Town

County

Carroll

MARYLAND

Date

of death 190

3

Month

Aug

Day

28

Age

Years

79

Months

10

Days

27

Sex

Male

Color or  
Race

white

Birth-  
place

Maryland

Married, Single  
or Widowed

Married

Occupation

Retired Farmer

Name of Wife or  
Husband

Sarah A. Schaffer

Father's  
Name

Johas Corer

Father's  
Birthplace

Maryland

Mother's  
Maiden Name

Elizabeth Ventron

Mother's  
Birthplace

Dc

Name of person giving  
In formation

Sarah A. Corer

How related  
to deceased

Wife

## CAUSES OF DEATH

Primary

Hypertension

How long

8 day

Immediate

Heart

How long

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

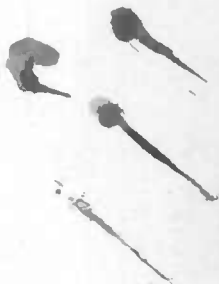
J. B. Mathias  
Westminster

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

401

Bridges' Cemetery



Name in Full

Certificate of Death

Died at

Date 1963

Male

Husband of

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance. otherwise by coroner, undertaker or minister.

Town

County

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Age

Married

Number of children living

Primary

Immediate

How long sick

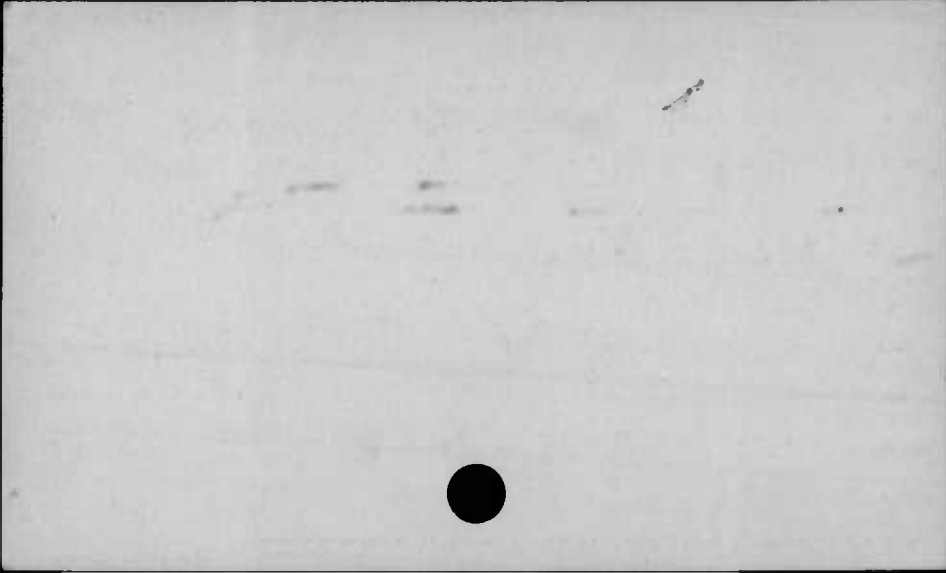
8 weeks

~~Accident, Suicide, Homicide~~

M.D. Morris, M.D.

Eldersburg, Md.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

S. H. George Perries.

Died at <sup>Town</sup> Springfield <sup>County</sup> State Hospital, Sykesville, MARYLANDDate 1903. Aug. 27<sup>th</sup> | Age 52. | Native of Md. | Occupation Merchant.

Male

White

~~Married~~

Widow

~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~~~Number of children living~~~~Husband~~  
of~~Wife~~

Father's Name Wm Perries.

Mother's

Maiden Name

Cause of Death { Primary Pthisis pulmonaris.  
Immediate " "

How long sick 19 days.

Accident, Suicide, Homicide

Reported by R. M. Bruce, M. D.

Address Springfield State Hospital, Sykesville, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name  
in  
Full

Eden Engleman

No. 84

## CERTIFICATE OF DEATH

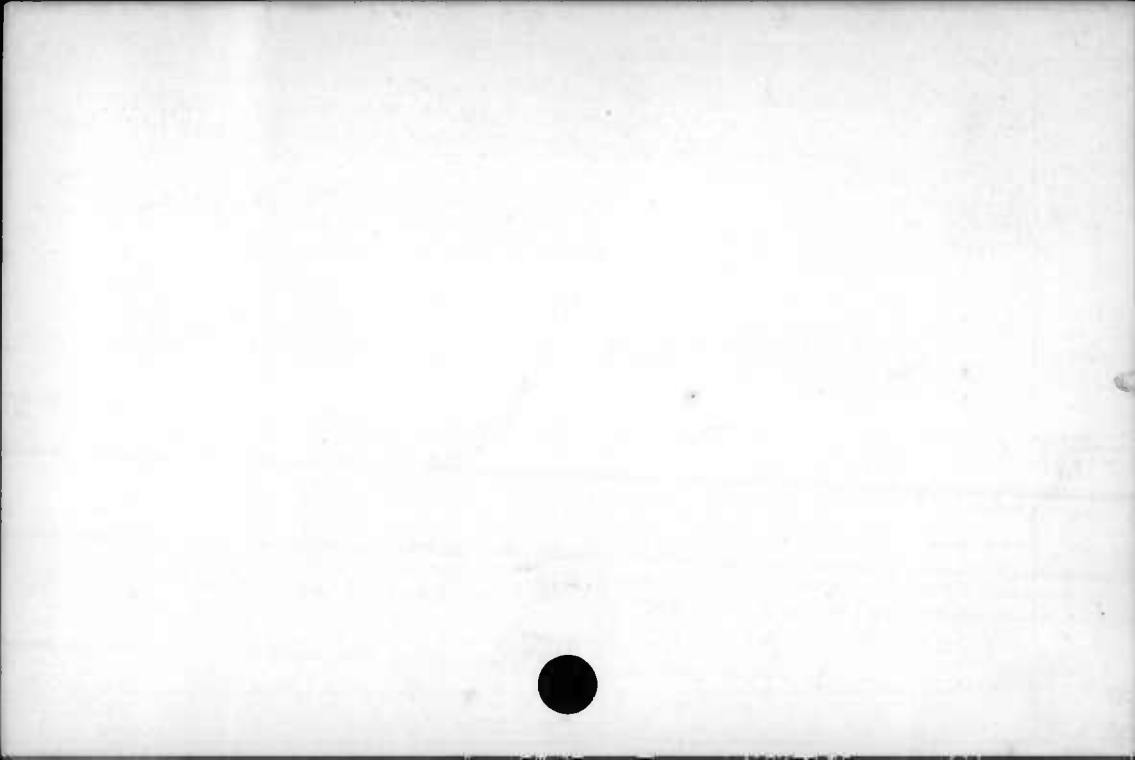
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Union Bridge		County		MARYLAND	
Date of death 1903	Month Aug	Day 26	Age	Years	Months	Days	
Sex	Male		Color or Race	White		Birth- place	Ind
Married, Single or Widowed				Occupation			
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving In formation				How related to deceased			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Foramen Ovale not completely closed	How long
Immediate	Dentition, convulsions	How long / day
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
yes		Address
Union		Bridge
Accident or Suicide?		



Name  
in  
Full

## CERTIFICATE OF DEATH

399

TO BE ANSWERED BY  
NEAREST FRIEND

Mary P Fowler

Died at

Westernminister

County

Carroll

MARYLAND

Date

of death 1903

Month

Aug

Day

11

Age

53

Years

Months

7

Days

1

Sex

Female

Color or  
Race

White

Birth-  
place

Maryland

Married, Single  
or Widowed

Married

Occupation

Name of ~~Wife or~~  
Husband

Noah Fowler

Father's  
Name

Ambrose Hayden

Father's  
Birthplace

Maryland

Mother's  
Maiden Name

Sarah A. Coleman

Mother's  
Birthplace

" "

Name of person giving  
In formation

Susan Hayden

How related  
to deceased

Sister

## CAUSES OF DEATH

Primary

Diabetes Mellitus

How long

50 4 yrs

Immediate

Chronic Nephritis

How long

1 year

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

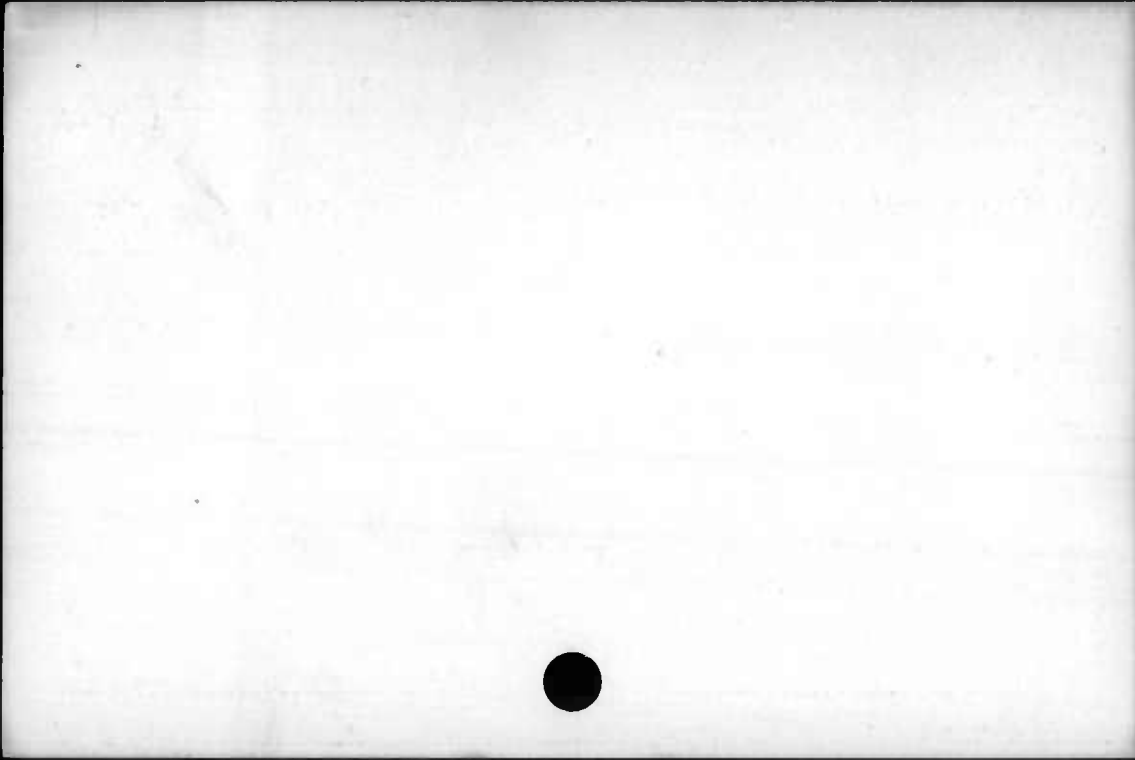
Wm D Wells

Address

Westernminister

PHYSICIAN  
OR CORONER

Accident or Suicide?



Name in Full *3rd Mary J. Freeman*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <i>Fitzellburg</i> Town		<i>Barroll</i> County	
Date of death <i>1903</i>	Month <i>August</i>	Day <i>21</i>	Age <i>76</i> Years
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Westminister</i>	Months <i>3</i> Days <i>3</i>
Occupation <i>Retired</i>	Where Residing if not at place of death <i>Home</i>		
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>Joseph Freeman</i>		
Father's Name <i>George Ramby</i>	Father's Birthplace		
Mother's Maiden Name <i>Elizabeth Ayrault</i>	Mother's Birthplace		
Name of person giving Information <i>John L. Roons</i>	How related to deceased <i>Son-in-law</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>General Debility</i>	How long	<i>Several Months</i>
Immediate	<i>Dysentery</i>	How long	<i>one week</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Jacob Knecht M.D.</i>
		Address	<i>Fitzellburg Barroll Md.</i>
Accident or Suicide?			

St Benjamin's Cemetery.

Name in Full

Certificate of Death

Roscoe Mathias Heggard

Town

County

Died at

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1903

Aug

11

Age

1

10

10

Marry d

—

Male

White

~~Married~~

Widow

~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808





Name  
in  
Full

## CERTIFICATE OF DEATH

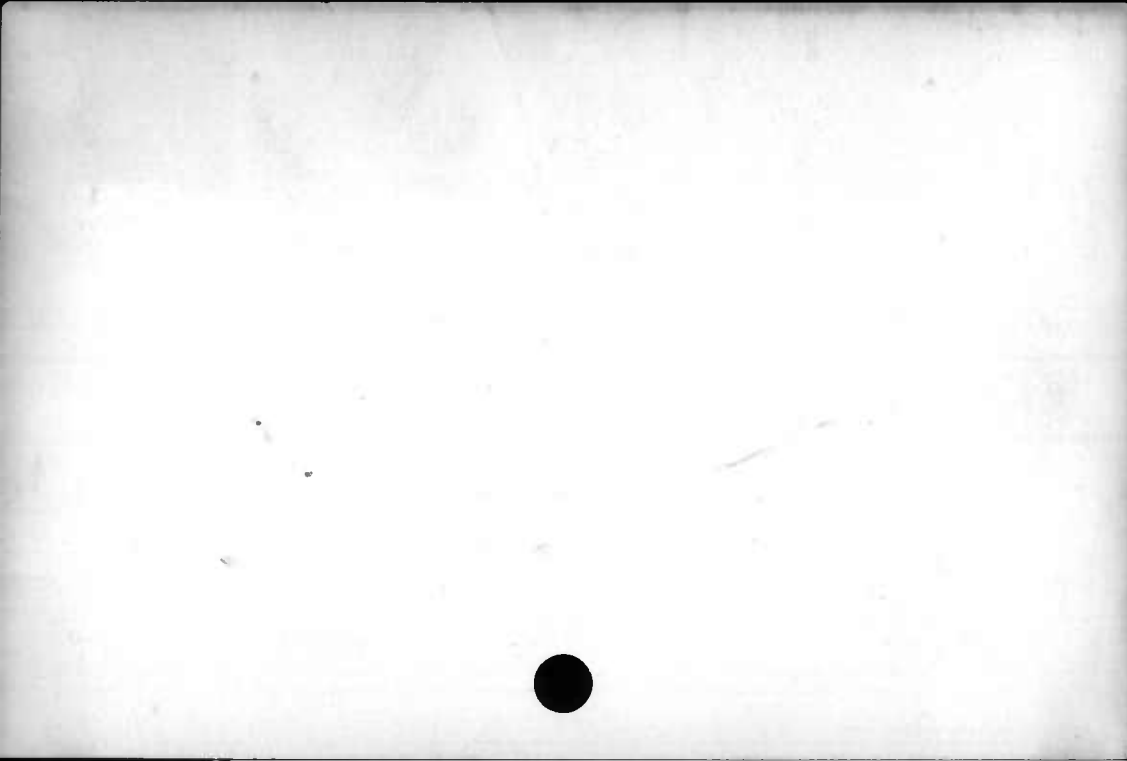
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Lewisville</i> Town		County <i>Carroll</i>		MARYLAND	
Date of death 1903	Month <i>Aug</i>	Day <i>25</i>	Age <i>72</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Carroll co Md</i>		
Married, Single or Widowed <i>Single</i>		Occupation <i>wash woman</i>			
Name of Wife or Husband					
Father's Name <i>Jacob Hardy</i>			Father's Birthplace <i>Bates co Md</i>		
Mother's Maiden Name <i>Rachel Bryan</i>			Mother's Birthplace <i>Carroll co Md</i>		
Name of person giving information <i>Ida Broadus</i>			How related to deceased <i>Niece</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Ovarian Cancer</i>	How long	<i>1 yr</i>
Immediate	<i>Septicemia</i>	How long	<i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>D. S. McHorse</i>	
<i>[Signature]</i>		Address <i>Gambier Md</i>	
Accident or Suicide?			



Name in Full

Certificate of Death

No 83

Mary A. Harbock

Town

County

Died at

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

8

9

Age

82

Md

Housewife

~~Male~~

White,

Married

Widow

~~Divorced~~

Female

~~Colored~~~~Singl~~~~Widow~~

Number of children living

0

of

Howard D Harbock

~~Wife~~

Father's

Mother's

Name

Samuel Smith

Maiden Name

Cause of

Primary

Senility

Death

Immediate

Collapse

How long sick

2 or 3 years -

~~Accident, Suicide, Homicide~~

Reported by

Frank J. Shriver

Address

Union Bridge Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Theodore Roosevelt Hawk

Town

County

Died at

Tanytown

Carroll

MARYLAND

Date 19

03 Aug - 19

Age

9 months

Native of

Md

Occupation

Infant

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Samuel Hawk

Mother's

Maiden Name

Carrie Hawk

Cause of

Primary

Tubercular Meningitis

How long sick

Weeks

Death

Immediate

Accident, Suicide, Homicide

Reported by

O. E. Ross

28

Address

Tanytown

Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Hobbs, Elias

Town

County

Died at

Gauthers

Carroll

MARYLAND

Date

1903 - 8 - 3

Age

78 - 2 - 8

Native of

Md -

Occupation

Farmer

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

6

Husband

of

Georgeana Hobbs

~~Wife~~

Father's

Mother's

Name

Name

1920

Cause of

Primary

Pneumonia

How long sick

12 mos -

Death

Immediate

Pneumonia

Accident, Suicide, Homicide

Reported by

W. Frank Lucas MD

Address

Sylvanville, Mo -

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





*Her Andrew Hassler*

Town

County

Died at

*Cranbury*

*Carroll*

MARYLAND

Date

*1903*

Month

Day

Y.

M.

D.

Native of

Occupation

*Aug 29*

Age

*25*

*Maryland*

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

*—*

Husband

of

Wife

Father's

Name

*Emory E Hassler*

Mother's

Name

*Mary E Brown*

Cause of

Primary

*Gastritis*

How long sick

*3 days*

Death

Immediate

*Nutrition*

*106*

Accident, Suicide, Homicide

Reported by

*J H Sherman M.D.*

Address

*Manchester*

*Maryland.*



Name in Full

Certificate of Death

Conrad Kolb

Town

County

Died at

MARYLAND

Date 1903

Aug 3

Age 68

Native of

Occupation

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of Joanna Kolb, 2009 Zachmont Ave Balto

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Dementia

How long sick

2 days

Death

Immediate

Perforation of Duodenum

Accident, Suicide, Homicide

Reported by

J. Clement Clark

Address

Springfield Hous., Sykesville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Mattie. Landis

Town

County

Died at

MARYLAND

Data 1903

Month

Day

Y.

M.

D.

Native of

Occupation

Aug 4

Age

48

America

Housekeeper

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

William Landis

Father's

Mother's

Name

Maiden Name

Bumbly

Cause of

Primary

Tuberculosis

How long sick

Three years

Death

Immediate

Heart Failure

Accident, Suicide, Homicide

Reported by

J. H. Preston  
Lynchester

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



### Certificate of Death

Died at <sup>Town</sup> *Sussexville* <sup>County</sup> *Carroll* MARYLAND

Date 19 <u>03</u>	Month <u>Aug</u>	Day <u>24</u>	Y. <u>19</u>	M. <u>19</u>	D. <u>19</u>	Native of <u>Howard Co Md</u>	Occupation <u>Servant</u>
<del>Male</del>	<del>White</del>	<del>Married</del>	<del>Widow</del>	<del>Divorced</del>			
Female	Colored	Single	<del>Widower</del>	Number of children living <u>4</u>			

Husband of Daniel Lewis - deceased  
Wife

Father's	Mother's
Name	Maiden Name

Cause of	Primary	Nephritis 120	How long sick	12 months
Death	Immediate	uraemic Convulsion	Accident, Suicide, Homicide	

Reported by Daniel B. Sprecher md

Address *Sybilville Ind*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Date

of death 1903

Month

Day

Age

Years

Months

Days

Sex

Color or  
RaceBirth-  
placeMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
NameFather's  
BirthplaceMother's  
Maiden NameMother's  
BirthplaceName of person giving  
In formationHow related  
to deceased

## CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

Accident or Suicide?

PHYSICIAN  
OR CORONER

Westminster Cemetery

Name  
in  
Full

Ellen Maxwell

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Hampstead</u> <sup>Town</sup>		<u>Carroll</u> <sup>County</sup>		MARYLAND	
Date of death 1903	Month <u>Aug</u>	Day <u>12</u>	Age <u>73</u> <sup>Years</sup>	Months <u>—</u>	Days <u>—</u>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth- place <u>Ireland</u>		
Married, Single or Widowed <u>Widow</u>			Occupation <u>—</u>		
Name of Wife or Husband <u>—</u>					
Father's Name <u>—</u>			Father's Birthplace <u>Ireland</u>		
Mother's Maiden Name <u>—</u>			Mother's Birthplace <u>Ireland</u>		
Name of person giving In formation <u>Mrs B. F. Hunsbury</u>			How related to deceased <u>Daughter</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Lobar Pneumonia</u>	How long <u>7 days</u>
Immediate	<u>Heart Failure</u>	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>Edgar M. Birch M. D.</u>
<u>—</u>		Address <u>Hampstead, Md.</u>
Accident or Suicide? <u>—</u>		



*Annie M. Mower*

Died at *Taneytown* Town *Carroll* County *MARYLAND*

Date *1903* *18* *2* Month Day Y. M. D. Age *39* *9* *29* Native of *md* Occupation *Housewife*  
~~Male~~ White Married ~~Widow~~ ~~Divorced~~  
 Female ~~Colored~~ Single ~~Widower~~ Number of children living *4*

~~Richard~~ of *Albert B. Mower*  
 Wife  
 Father's Name *Wm J. Biggs* Mother's Maiden Name *Ruey A.*

Cause of Death { Primary *Consumption* How long sick *One year*  
 { Immediate *Exhaustion* Accident, Suicide, Homicide

Reported by *Dr. A. J. Davis, M.D.*

Address *Taneytown*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>East View</i> <sup>Town</sup>		<i>Carroll</i> <sup>County</sup>		MARYLAND	
Date of death 1903	<i>Aug</i> <sup>Month</sup>	<i>22</i> <sup>Day</sup>	Age <i>67</i> <sup>Years</sup>	<i>=</i> <sup>Months</sup>	<i>16</i> <sup>Days</sup>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Maryland</i>		
Married, Single or Widowed <i>Married</i>	Occupation <i>_____</i>				
Name of Wife or Husband <i>Elisha Ogg</i>					
Father's Name <i>George W. Barber</i>			Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Don't Know</i>			Mother's Birthplace		
Name of person giving In formation <i>John W Ogg</i>			How related to deceased <i>Son</i>		
CAUSES OF DEATH					

PHYSICIAN  
OR CORONER

Primary <i>Pneumonia</i>	How long <i>1 year</i>
Immediate <i>"</i>	How long <i>" "</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Dr. J. Herring</i>
	Address <i>Hennings</i>
Accident or Suicide? <i>_____</i>	

Seer Parks Choper



Name  
in  
Full

Walter-Fred Pelka

## CERTIFICATE OF DEATH

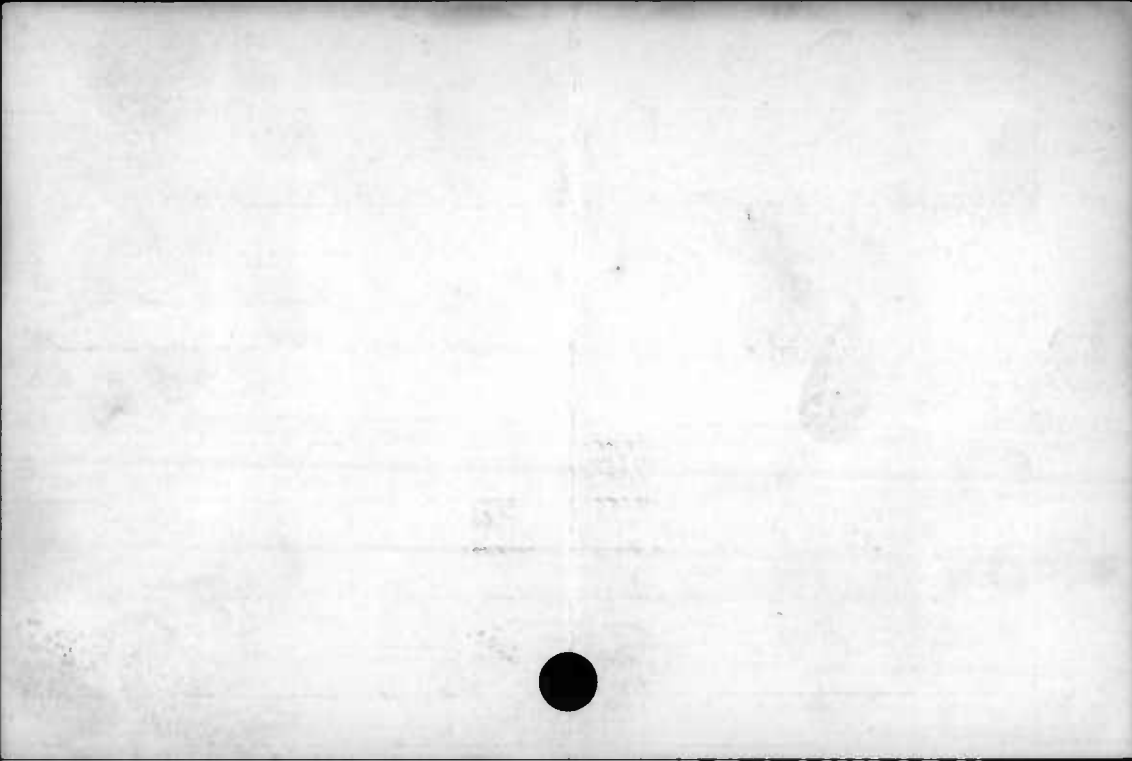
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> <i>Oakland</i>		<sup>County</sup> <i>Carroll Co</i>		MARYLAND	
Date of death 190	<sup>Month</sup> <i>3</i>	<sup>Day</sup> <i>9</i>	<sup>Years</sup> <i>35</i>	<sup>Months</sup> <i>0</i>	<sup>Days</sup> <i>23</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Saratoga Co New York</i>		
Married, Single or Widowed <i>Married</i>			Occupation <i>Seawyer</i>		
Name of Wife or Husband <i>Lilia M. Pelka</i>					
Father's Name <i>Fredrick Pelka</i>			Father's Birthplace <i>Canada</i>		
Mother's Maiden Name <i>Dont No</i>			Mother's Birthplace <i>Saratoga County</i>		
Name of person giving information <i>Wife</i>			How related to deceased <i>Wife</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Tuberculosis</i>	How long
Immediate	<i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician <i>F. H. Dr. M. D.</i>
		Address <i>Peristeria, Md.</i>
Accident or Suicide?		



Not named -

Died at <sup>Town</sup> *Watersville* <sup>County</sup> *Barrow* *MARYLAND*

Date *1903* *8* *29* Y. M. D. *6* *md* *Infant*  
 Male *yes* White *yes* ~~Mixed~~ ~~Widow~~ ~~Divorced~~  
~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband  
 of  
 Wife

Father's Name *Wm O Porter* Mother's Name *Mary Porter*

Cause of Death { Primary *Left Palate* How long sick *8 days*  
 Immediate *Inanition* Accident, Suicide, Homicide

Reported by *B H Lodd Junr* *150*

Address *Ridgeville* *md*

15. 10

15. 10



Name  
in  
Full

Albert Schaeffer

## CERTIFICATE OF DEATH

390

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Westminster</u> <sup>Town</sup>		<u>Carroll</u> <sup>County</sup>		MARYLAND	
Date of death 190 <u>3</u>	Month <u>Aug</u>	Day <u>4</u>	Age <u>64</u> <sup>Years</sup>	Months <u>    </u>	Days <u>16</u>
Sex <u>Male</u>	Color or Race <u>white</u>	Birth-place <u>Maryland</u>			
Married, Single or Widowed <u>Married</u>	Occupation <u>Farmer</u>				
Name of Wife or <del>Husband</del> <u>Mary Leiser</u>					
Father's Name <u>George Schaeffer</u>			Father's Birthplace <u>Maryland</u>		
Mother's Maiden Name <u>Catharine Diehl</u>			Mother's Birthplace <u>" "</u>		
Name of person giving information <u>Mary Schaeffer</u>			How related to deceased <u>wife</u>		

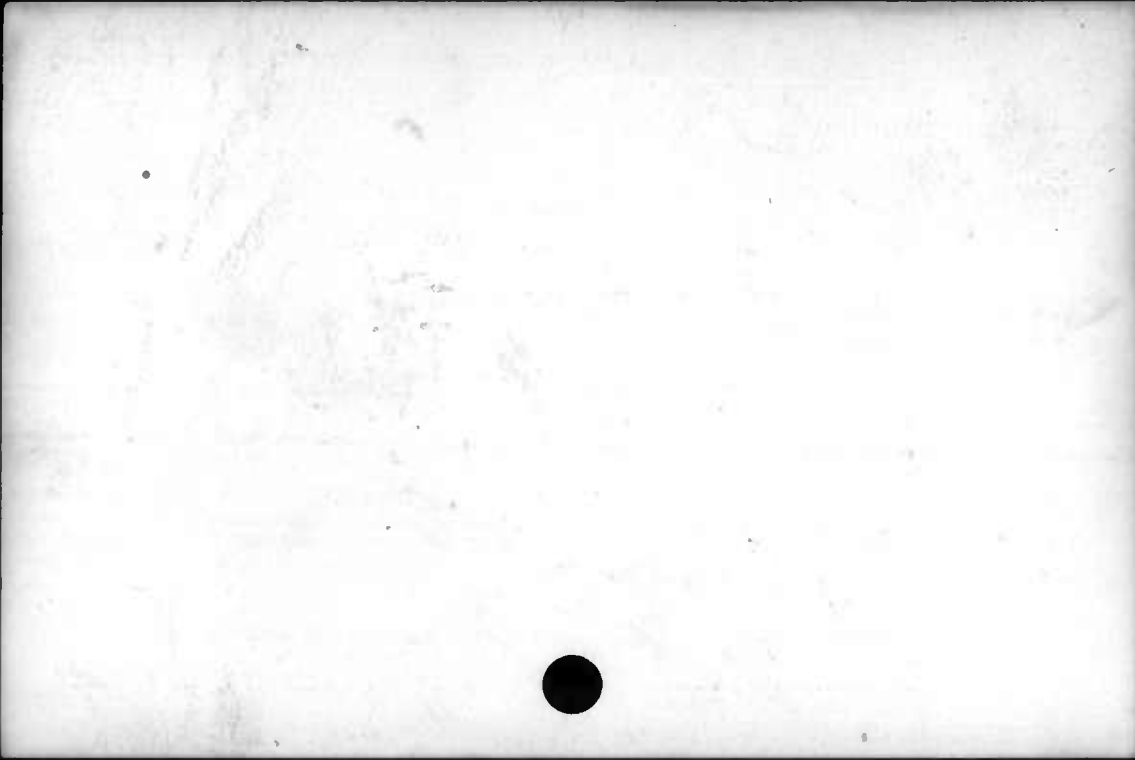
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Consumption</u>	How long <u>27</u> <u>years</u>
Immediate <u>Heart Failure</u>	How long <u>    </u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>Jas. H. Polleys M.D.</u>
	Address <u>Westminster Md</u>
Accident or Suicide? <u>no</u>	

Kriden

Name in Full <b>Franklin L. Shipley</b>		CERTIFICATE OF DEATH	
Died at <b>Westminster</b> <sup>Town</sup>		<b>Carroll</b> <sup>County</sup>	
Date of death 190 <b>3</b> <sup>Month</sup> <b>Aug</b> <sup>Day</sup> <b>12</b> <sup>Years</sup> <b>80</b>		<b>10</b> <sup>Months</sup> <b>3</b> <sup>Days</sup>	
Sex <b>Male</b> Color or Race <b>White</b>		Birth-place <b>near Westminster</b>	
Married, Single or Widowed <b>Widower</b>		Occupation <b>Retired</b>	
Name of Wife or Husband _____			
Father's Name <b>Grove Shipley</b>		Father's Birthplace _____	
Mother's Maiden Name _____		Mother's Birthplace _____	
Name of person giving information <b>Mrs James. Owens</b>		How related to deceased <b>Niece</b>	
<b>CAUSES OF DEATH</b>			
Primary <b>Old age</b>		How long <b>81 years</b>	
Immediate <b>Paralysis</b>		How long <b>One week</b>	
Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>		Signature of Physician <b>Dr. H. Billingsley Wood</b>	
		Address <b>Westminster Md</b>	
Accident or Suicide? <b>no</b>			





Name in Full

Certificate of Death

Rosalie D. Shipley

Town

County

Died at near Sykesville

Carroll

MARYLAND

Date 1903 August 15

Y. M. D. 33 - 9

Native of Md.

Occupation none

White

Married

~~Widow~~

Number of children living 2

Wife of Samuel D. Shipley

Father's Name Dudley Diggs

Mother's Name Hannah Monroe

Cause of Primary Pregnancy

138

How long sick 4 days

Death Immediate Puerperal Eclampsia

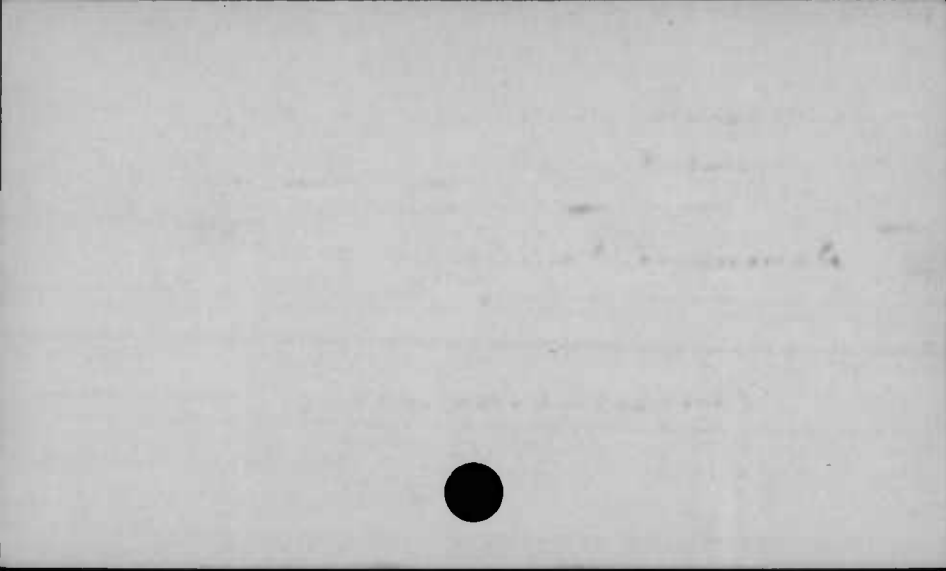
~~Accident, Suicide, Homicide~~

Reported by M.D. Morris. M.D.

Address Eldersburg, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

Joseph Slack

Died at <sup>Town</sup> Eldersburg <sup>County</sup> Carroll

MARYLAND

Date 1903 Aug. 4 Age 76 Y. 7 M. 15 D. 15 Native of Md. Occupation Farmer

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Divorced~~ Number of children living one

Husband of Mattie R. Slack.

Father's Name David Slack Mother's Name Sarah Buckman

Cause of Death { Primary Old age How long sick 93

Immediate Pneumonia ~~Accident Suicide Homicide~~

Reported by M D Morris. M D.

Address  Eldersburg. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79708



Name In Full

Certificate of Death

87

Chas. E. Smith

Town

County

MARYLAND

Died at

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1903

8

11

Age 67. 11. 28

Md

Farmer

Male

White

Married

~~Widow~~~~Divorced~~

Female

Colored

~~Single~~~~Widower~~

Number of children living

0

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Intoxication of bowels

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Dr. J. Pratt

Address

Union Bridge  
Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full <sup>394</sup>

Barbara A. Snader

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Westminster</u> <small>Town</small>		<u>Carroll</u> <small>County</small>		MARYLAND	
Date of death 1903	<u>Aug</u> <small>Month</small>	<u>19</u> <small>Day</small>	Age <u>70</u> <small>Years</small>	<u>11</u> <small>Months</small>	<u>18</u> <small>Days</small>
Sex <u>Female</u>	Color or Race <u>white</u>		Birth-place <u>Maryland</u>		
Married, Single or Widowed <u>Married</u>			Occupation _____		
Name of <del>Wife or</del> Husband <u>Levi Snader</u>					
Father's Name <u>Abraham Albough</u>			Father's Birthplace <u>Maryland</u>		
Mother's Maiden Name <u>Christena Baum</u>			Mother's Birthplace <u>Ido</u>		
Name of person giving information <u>E Bradford Greenwood</u>			How related to deceased <u>Son</u>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Old age</u>	How long _____
Immediate <u>Apoplexy</u>	How long _____
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
<u>Barbara A. Snader</u>	Address <u>James H. Billingslea M.D.</u>
Accident or Suicide? <u>No</u>	<u>Westminster Md.</u>

Bethel church - Sams Creek



Name in Full

Certificate of Death

Nancy D. Snyder

Town

County

Died at Hampstead Carroll

MARYLAND

Date 19 03 8 27 | Age 76 - — | Native of U.S. | Occupation Housewife

Male White Married Widow Divorced —

Female Colored Single — Widower — Number of children living —

Husband of Jacob Snyder

Wife of —

Father's Name — Mother's Name —

Maiden Name —

Cause of Death { Primary Pulm. Tuberculosis Immediate Asthma

How long sick 60 yrs.

Accident, Suicide, Homicide —

Reported by Edgar M. Bush M.D.Address Hampstead, Ma.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name  
in  
Full

David F. Spencer

## CERTIFICATE OF DEATH

Died at *Smallwood* Town*Carroll* County

MARYLAND

Date of death *1903* Month *Aug.*Day *26*Age *58* YearsMonths *—*Days *—*Sex *Male*Color or Race *White*Birth-place *Westminster*Occupation *Laborer*Where Residing if not at place of death *Smallwood*Married, Single or Widowed *Widowed*Name of Wife or Husband *—*Father's Name *David P. Spencer*Father's Birthplace *Camellton*Mother's Maiden Name *Susan Spurbert*Mother's Birthplace *Westminster*Name of person giving Information *Andrew C. Spencer*How related to deceased *567. Brother*

## CAUSES OF DEATH

Primary *Phthisis Pulmonalis*How long *Several years*Immediate *Pulmonary Hemorrhage*How long *—*Are the name, age, sex, color, date and place correctly given above? *yes*Signature of Physician *W. Woodward, M.D.*Address *Westminster, Md.*Accident or Suicide? *—*TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Warfieldsburg Stoner

Cemetery

Name

in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>near Westminster</i>		Town <i>Carroll</i>		County		MARYLAND	
Date of death 190 <i>3</i>	Month <i>Aug</i>	Day <i>21</i>	Age <i>75-</i>	Years <i>10-</i>	Months <i>2</i>	Days	
Sex <i>Male</i>	Color or Race <i>Black</i>		Birth-place <i>Carroll Co</i>				
Married, Single or Widowed <i>Married</i>			Occupation <i>Retired</i>				
Name of Wife or Husband <i>Elija Toop</i>							
Father's Name <i>Jim Toop</i>				Father's Birthplace <i>Carroll Co</i>			
Mother's Maiden Name <i>Rachael Harder</i>				Mother's Birthplace <i>" "</i>			
Name of person giving information <i>Rachael Toop</i>				How related to deceased <i>Wife</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Dropsy</i>	How long <i>6 months</i>
Immediate <i>Heart Disease</i>	How long <i>" "</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. L. B. J.</i>
	Address <i>Westminster Md</i>
Accident or Suicide? <i>No</i>	

Family Burying Ground,  
New Windsor Road.

Name  
in  
Full

## CERTIFICATE OF DEATH

Died at

May Turfle

Town

Westminster

County

Carroll

MARYLAND

Date

of death 1903

Month

Aug

Day

27

Years

Age

28

Months

4

Days

10

Sex

Female

Color or  
Race

White

Birth-  
place

Pennsylvania

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

Charles V Turfle

Father's  
Name

Harry Rahler

Father's  
Birthplace

Penn

Mother's  
Maiden Name

Barbara Long

Mother's  
Birthplace

So

Name of person giving  
In formation

Chas V Turfle

How related  
to deceased

Husband

## CAUSES OF DEATH

Primary

Acute Gastritis

How long

One week

Immediate

Heart Failure

How long

—

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

Jas H. Bellinghale M.D.  
Westminster Md.

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

402

Old Mat Beas

Thermonium Canaliculatum



Name  
in FullTO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

398 Joseph. G. Weirhold

## CERTIFICATE OF DEATH

Died at <sup>Town</sup> near Westminster <sup>County</sup> Carroll

MARYLAND

Date of death 190 3 <sup>Month</sup> Aug <sup>Day</sup> 21 <sup>Age</sup> <sup>Years</sup> <sup>Months</sup> 3 <sup>Days</sup>Sex Male <sup>Color or Race</sup> white <sup>Birth-place</sup> Baltimore

Married, Single or Widowed Single

Occupation

Name of Wife or Husband

Father's Name Geo Weirholdt

Father's Birthplace

Mother's Maiden Name Mary. E. Walsh

Mother's Birthplace Westminster

Name of person giving information Michael Walsh

How related to deceased Brother

## CAUSES OF DEATH

Primary Cholera Infantum 5

How long 4 days

Immediate Convulsion 105

How long one hour

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

M. L. Rott  
Westminster, Md

Accident or Suicide?

St Johns cemetery

Name In Full

Certificate of Death

No. 83

Lydia A. Wood

Town

County

Died at Union Bridge Carroll

MARYLAND

Date 1903, 8, 31 Age 77 Native of Md Occupation None

☒ Male ☐ White ☒ Married ☐ Widowed ☐ Divorced  
☐ Female ☒ Colored ☐ Single ☐ Widower ☐ Number of children living

Husband of \_\_\_\_\_

Wife \_\_\_\_\_

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Maiden Name \_\_\_\_\_

Cause of Death Primary Secondary Immediate

Primary: Senility  
 Secondary: 184  
 Immediate: Collapse

How long sick: 6 mo's

☒ Accident ☒ Suicide ☒ Homicide

Reported by Frank J. Shriver

Address Union Bridge

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

